



AHCCCS

CLAIMS CLUES

Publication of AHCCCS Claims Department
December 2006

YUMA PROVIDER MEETING **SCHEDULED IN JANUARY**

AHCCCS will conduct an “Ask AHCCCS” meeting in the Yuma area on **WEDNESDAY, JANUARY 17TH, 2007** from 2:00 pm – 4:00 pm. The meeting will be held at;

Yuma Regional Medical – Corporate Center
399 West 32nd Street
Yuma, AZ

This meeting is open to Hospital and physician billers in the Yuma area. Seating is limited to a maximum of 50, so reserve your seat early. To reserve a seat at this meeting or submit topics you would like AHCCCS to address, you may email carol.nilson@azahcccs.gov.

Marc Leib, M.D., AHCCCS Chief Medical Officer, will also present a “Physicians Only” session held the same evening from 6:00 PM to 8:00 PM. No reservations are required for this session.

Additional meetings will be held in the Tucson and Phoenix at later dates. Additional information regarding these upcoming sessions will be provided in later Claims Clues publications.

NATIONAL PROVIDER IDENTIFIER

NPI

****AHCCCS will require the NPI number to be used as the healthcare provider identifier in all claim submissions beginning in May 2007.****

AHCCCS has established an electronic mailbox for providers to forward a copy of their NPI notification via email. **This email address can only accept copies of the statement mailed to the provider from the NPI enumerator.** The AHCCCS provider ID number must also be included in the email for identification purposes. The email address is, NationalProviderID@azahcccs.gov.

Other options for providers to submit a copy of their NPI number notification include mailing or faxing a copy of the enumerator statement to,

**AHCCCS
Provider Registration Unit
P O Box 25520
Phoenix, AZ 85002
FAX: (602)256-1474**

The provider's name and AHCCCS provider ID number must be written on the copy.

NPI numbers will also be accepted via written notification. Notification must include the AHCCCS provider's name, AHCCCS provider ID number, NPI number and signature of the provider or authorized signer.

AHCCCS will accept claims and encounters including the NPI beginning January 1, 2007. **Effective, May 23, 2007, ALL claims and encounters must be submitted with an NPI.**

Providers can obtain additional information regarding NPI at www.cms.hhs.gov/hipaa/hipaa2. This site contains Frequently Asked Questions and other information related to NPI and other HIPAA standards.

CLAIM FORMS ARE BEING REVISED TO ACCOMMODATE NPI #

CMS1500 – REVISED VERSION EFFECTIVE 1/1/2007
AHCCCS will accept both prior and revised version of this form beginning January 1, 2007 but effective April 2, 2007, AHCCCS will accept only the REVISED version.

UB92 – REVISED VERSION (UB04) EFFECTIVE 4/1/2007
AHCCCS will accept either UB92 or UB04 beginning 4/1/2007 but effective May 23, 2007, AHCCCS will accept only the REVISED UB04 version.

ADA Dental Claim form – REVISED VERSION EFFECTIVE FOR USE, JANUARY 1, 2007. (Additional information – www.ada.org/prof/resources/topics/claimform.asp)

AHCCCS REGISTERED PROVIDERS MAY.....

- Check Eligibility and Enrollment Status – allows providers to verify an AHCCCS recipient's eligibility and their enrollment in a Health Plan. Providers also can obtain Medicare and other Third Party coverage information for a recipient.
- View Provider enrollment information – allows providers to update their correspondence addresses. Providers may also view (but not update) their Service and Pay-to Addresses, Group Affiliations and Authorized Signatures.
- **Check Claim Status** - allows providers to check the status of **Fee-For-Service** claims. If the recipient is enrolled in a capitated Health Plan, please contact the Health for inquiries.
- View/download Electronic Remittance Advice
- View Prior Authorization/Case Plan information and status – will allow providers to verify the status of previously submitted Prior Authorization requests.
- Newborn Notification – allows providers to submit newborn information to AHCCCS during the hours when the COM Center is not available.

Continued on following page.....

- **AND, submit Professional, Institutional and Dental claims** – allows providers to submit **Fee-For-Service** claims to AHCCCS for nightly processing. Professional, Institutional and Dental claims will be accepted.

Via the AHCCCS website...

<https://azweb.statemedicaid.us>.

AHCCCS registered providers will need to establish a username and password for login purposes, if you have not already established one.

Once you have successfully logged in, the user can utilize any of the above listed options.

When **submitting claims** via this web portal, much of the information required (such as, Billing provider name (based on user id and password), Billing provider Tax ID, Service provider name, Service provider Tax ID, Recipient name, date of birth, and gender) for the claim completion will be extracted from AHCCCS Claims Processing System populating corresponding fields. “Find” options are provided for this purpose and ease of use.

The recipient’s eligibility will be verified prior to AHCCCS’ acceptance of the claim. If a recipient is not eligible at the time of the service, then a message will display to the user indicating the claim cannot be accepted due to ineligibility.

The process will include a Claim Entry Confirmation page used to show status of the claim just submitted. The Transmission Status will indicate either a “Successful” or “Failed” transmission. The user will also be allowed to modify data entered if incorrect information was submitted.

A Batch process will be submitted to the AHCCCS mainframe **nightly** for processing. Any Batch submitted after 4:00 PM will be processed the following day.

SELECTING ELECTRONIC PAYMENTS IS EASY AND CONVENIENT

AHCCCS has made it easy for providers to begin receiving electronic fee-for-service reimbursement. The electronic payment option processes payments using the Automated Clearing House (ACH) rather than issuing checks to providers.

The ACH payment method enables providers to receive reimbursement more quickly.

The Arizona Clearing House Association (ACHA) processes electronic payments directly to the provider's bank account through Bank of America, which functions as the state servicing bank.

BofA will make the electronic payment available to a provider's account one business day after the date AHCCCS transmits the ACH payments file to BofA. The ACH process offers several benefits to providers, including:

- Immediate availability of funds
- Fully traceable payments
- Elimination of mail and deposit delays
- Elimination of lost, stolen, or misplaced checks

To begin receiving ACH payments, a provider must complete Sections 2 and 3 of the ACH Vendor Authorization form.

This form is available on the AHCCCS website at www.ahcccs.state.az.us. Click on the links for Plans and Providers. On the Quick Links for Health Plans and Providers page, click on Forms, and then scroll down to the ACH Vendor Authorization Form. The provider's financial institution must complete Section 4 of the form.

Submit the form to:

AHCCCS Finance Dept
Mail Drop 5400
P O Box 25399
Phoenix, AZ 85002

AHCCCS Finance staff will complete Section 1 of the form to initiate the electronic payment process. AHCCCS will process its normal weekly fee-for-service payment cycle and transmit the ACH payment data to BofA, which will transmit the information to ACHA. On the settlement date of the electronic payment, the provider's financial institution will credit the provider's individual account.

Providers who have questions should call (602) 417-4052 or (602) 417-4543.

QUESTIONS REGARDING PAPER REMITTANCE ADVICE?

Beginning December 1, 2006, AHCCCS discontinued printing paper remittance advice for those providers that currently receive an electronic remittance advice. This means that providers who receive an electronic remittance advice, either directly from AHCCCS or from their vendor, will no longer receive a paper remittance advice in the US Mail. Providers who are currently testing the electronic remittance advice transaction will continue to receive both electronic and paper remittance advice for a 90 day testing period. Should you have questions regarding this change, you may contact AHCCCS Division of Business and Finance at **602-417-4052**.

AHCCCS WILL COVER HPV VACCINE FOR FEMALE EPSDT MEMBERS

Effective 12/1/2006, AHCCCS will cover the HPV vaccine for **female EPSDT** (females younger than age 21) members per the Advisory Committee on Immunization Practices recommended schedule. Chapter 400, Policy 430 in the AHCCCS Medical Policy Manual has been updated to reflect this change. Should you have questions, you may call 602-417-4627.

AHCCCS DENTAL CODES AND FEES UPDATED

New dental fees were effective with dates of service beginning October 1, 2006. These fees can be found on the AHCCCS website at www.azahcccs.gov. Please review this carefully as many previously available codes are no longer available for reimbursement.

In addition, the CDT 2007/2008 coding updates will be made to our claims system. Effective with January 1, 2007 dates of service and later, you must use the updated dental codes. In particular, please note that CDT codes D1201 and D1205 will be deleted. This effectively eliminates the combined billing of topical application of fluoride and oral prophylaxis. The services must now be billed separately. Please refer to ADA CDT 2007/2008 for this and other code changes.

HAPPY NEW YEAR